



Short-Term Rental Permit Application Number _____

Town of Urbanna, Virginia

Application for Short-Term Rental Permit

The undersigned property owner or agent for the property owner, of the following property hereby applies for a Short-Term Rental Permit in accordance with Chapter 17, Urbanna Town Code, Article 5, Zoning Ordinance of Urbanna, Virginia.

Applicant / Property Owner Information

Applicant Name _____

Applicant Address _____ City/Town _____ State _____ Zip Code _____

Applicant phone (cell) number _____ Applicant email address _____

Is this permit application for a Primary Home () Second Home () (check which applies)
Complete the following if Applicant is different from Property Owner:

Property Owner of Record Name _____

Property Owner Mailing Address _____ City/Town _____ State _____ Zip Code _____

Property owner telephone (cell) number _____ Property owner email address _____

Note: If you are the agent for the property owner written consent to act as the agent of the owner must be attached to this application

Location of Property

Street Address _____ Tax parcel ID number _____

General Description of Property

Current Zoning District(s) _____ Tax Map 20A DC ____ Lot(s) _____

Please provide a description of the property to be used for the short-term rental including the specific building to be used. Note: Only ONE building may be used on a parcel for rentals.

Number of bedrooms _____ Number of Off-Street Parking Places _____

Will this property used an agent to serve in lieu of the property owner? **Yes / No** If yes, provide agent contact information:

Name _____ Phone _____ Email _____

